

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Nebraska Republican Party

ADDRESS (number and street)

1610 N Street

☐Check if different
than previously
reported. (ACC)

Lincoln

NE

68508

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00032334

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☒

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 1

2 3

2 0 1 0

through

1 2

3 1

2 0 1 0

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Rodney Krogh

Signature of Treasurer

Electronically Filed by Rodney Krogh

Date

0 1

3 1

2 0 1 1

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

A. Form/Schedule : **F3XN**

Transaction ID :

All disbursements and expenditures for NEGOP FUNDRAISING EVENT EXPENSE, and NEGOP FUNDRAISING E
EXP were for fundraising purposes for the state party only; no federal candidate or federal officeho-
lder was identified in any of these events. Non-federal funds were not used in connection with any
federal election or federal election activity.

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name
Nebraska Republican Party

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 3 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 <div>2010^{Y Y Y}</div> | | 46818.08 |
| (b) Cash on Hand at Beginning of Reporting Period | 47295.56 | |
| (c) Total Receipts (from Line 19) | 12738.05 | 476206.98 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 60033.61 | 523025.06 |
| 7. Total Disbursements (from Line 31) | 43619.59 | 506611.04 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 16414.02 | 16414.02 |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 4140.00 | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 19105.41 | |

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

Nebraska Republican Party

Report Covering the Period:

From:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 3 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) | 4575.00 | 183293.40 |
| (ii) Unitemized | 2965.00 | 146240.17 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 7540.00 | 329533.57 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 2500.00 | 45125.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 10040.00 | 374658.57 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 37800.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 468.83 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 2698.05 | 63279.58 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 2698.05 | 63279.58 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 12738.05 | 476206.98 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 10040.00 | 412927.40 |

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|----------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| (i) Federal Share..... | 962.22 | 15753.25 | |
| (ii) Non-Federal Share..... | 5452.59 | 89267.96 | |
| (b) Other Federal Operating Expenditures..... | 1146.18 | 176807.91 | |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤ | 7560.99 | 281829.12 | |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 | |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 10690.19 | |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 | |
| 26. Loan Repayments Made..... | 0.00 | 0.00 | |
| 27. Loans Made..... | 0.00 | 0.00 | |
| 28. Refunds of Contributions To: | | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 2090.00 | |
| (b) Political Party Committees | 0.00 | 0.00 | |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 | |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 2090.00 | |
| 29. Other Disbursements..... | 10444.59 | 10466.09 | |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | | |
| (i) Federal Share | 0.00 | 0.00 | |
| (ii) "Levin" Share | 0.00 | 0.00 | |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 25614.01 | 201535.64 | |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 25614.01 | 201535.64 | |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 43619.59 | 506611.04 | |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 38167.00 | 417343.08 | |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 10040.00 | 374658.57 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 2090.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 10040.00 | 372568.57 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 2108.40 | 192561.16 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 468.83 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 2108.40 | 192092.33 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Nebraska Republican Party

A.

Full Name (Last, First, Middle Initial)

Connie Albrecht

Mailing Address 1856 B Ave

City

Emerson

State

NE

Zip Code

68733

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albrecht Construction

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 1 0

Transaction ID: 10130.C187803

Amount of Each Receipt this Period

500.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Todd Alley

Mailing Address 2525 S 79th St.

City

Lincoln

State

NE

Zip Code

68506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Nurse Anesthetist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 1 0

Transaction ID: 10130.C187789

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Bill Barrett

Mailing Address PO Box 366

City

Lexington

State

NE

Zip Code

68850-0366

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired Congressman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 1 0

Transaction ID: 10130.C187831

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Nebraska Republican Party

A.

Full Name (Last, First, Middle Initial)

Craig & Marge Buescher

Mailing Address 15803 Middle Island Dr

City

South Bend

State

NE

Zip Code

68058

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Farmer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 1 0

Transaction ID: 10130.C187815

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Nora Chesire

Mailing Address 15434 Stevens Plaza

City

Omaha

State

NE

Zip Code

68137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 1 0

Transaction ID: 10130.C187786

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Thomas and Sherry Dover

Mailing Address 1108 Terrace Rd

City

Norfolk

State

NE

Zip Code

68701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dover Realty

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 1 0

Transaction ID: 10130.C187816

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Nebraska Republican Party

A.

Full Name (Last, First, Middle Initial)

Sam S. Fischer

Mailing Address 18331 Dupont Circle

City

Omaha

State

NE

Zip Code

68130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meridian Central Public
Affair

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 3 / 2 0 1 0

Transaction ID: 10130.C187768

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Mike Gloor

Mailing Address 3115 Brentwood Circle

City

Grand Island

State

NE

Zip Code

68801

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Nebraska

Occupation

State Senator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 1 0

Transaction ID: 10130.C187835

Amount of Each Receipt this Period

125.00

Receipt

C.

Full Name (Last, First, Middle Initial)

John Haggstrom

Mailing Address 1125 S 94th St

City

Omaha

State

NE

Zip Code

68124-1101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 1 0

Transaction ID: 10130.C187796

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

475.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Nebraska Republican Party

A.

Full Name (Last, First, Middle Initial)

Geoffrey Hall

Mailing Address 1212 Corey Drive

City

Blair

State

NE

Zip Code

68008-2713

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hall Law Offices

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 1 0

Transaction ID: 01202.C187734

Amount of Each Receipt this Period

50.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Michael Herre

Mailing Address 16626 Harney St.

City

Omaha

State

NE

Zip Code

68118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fremont Contract Carrier

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 1 0

Transaction ID: 10130.C187826

Amount of Each Receipt this Period

500.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Edwin Johnston

Mailing Address 85906 514 Ave.

City

Clearwater

State

NE

Zip Code

68726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Dairy Farmer/Housewife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 1 0

Transaction ID: 10130.C187824

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Nebraska Republican Party

A.

Full Name (Last, First, Middle Initial)

Ronald & Dorothy M. Krejci

Mailing Address 6410 Concord Cir

City

Lincoln

State

NE

Zip Code

68516-3337

FEC ID number of contributing
federal political committee.

C

Name of Employer
First State Bank

Occupation
Banker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 1 0

Transaction ID: 10130.C187807

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

James Lee

Mailing Address HC 37 Box 57

City

Valentine

State

NE

Zip Code

69201-9521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Rancher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 1 0

Transaction ID: 10130.C187834

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Robert Marples

Mailing Address 13017 Seward Ave.

City

Omaha

State

NE

Zip Code

68154

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vineyard

Occupation
Pastor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 3 / 2 0 1 0

Transaction ID: 10130.C187769

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Nebraska Republican Party

A.

Full Name (Last, First, Middle Initial)

Dorothy McKeever

Mailing Address 1306 Hillview Drive

City

Norfolk

State

NE

Zip Code

68701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 1 0

Transaction ID: 10130.C187801

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Patrick McPherson

Mailing Address 4720 S 102nd Cir.

City

Ralston

State

NE

Zip Code

68127

FEC ID number of contributing
federal political committee.

C

Name of Employer
City of Omaha NE

Occupation
Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 3 / 2 0 1 0

Transaction ID: 10130.C187765

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Richard Newcomer

Mailing Address 2331 N 134th St

City

Omaha

State

NE

Zip Code

68164-4041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Artco Casket Sales

Occupation
Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 1 0

Transaction ID: 10130.C187792

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Nebraska Republican Party

A.

Full Name (Last, First, Middle Initial)

Connie & H. Don Osborne

Mailing Address 5204 Izard Street

City

Omaha

State

NE

Zip Code

68132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Houchen BinderyOccupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 1 0

Transaction ID: 10130.C187788

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Pete Pedersen

Mailing Address 8329 Emmet St

City

Omaha

State

NE

Zip Code

68134-4939

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Self

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 3 / 2 0 1 0

Transaction ID: 10130.C187763

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Elden Portschy

Mailing Address 7541 Old Post Road, Unit 8

City

Lincoln

State

NE

Zip Code

68506

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 8 / 2 0 1 0

Transaction ID: 10130.C187832

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Nebraska Republican Party

A.

Full Name (Last, First, Middle Initial)

Jacqueline Price

Mailing Address 13702 S 28th Circle

City

Bellevue

State

NE

Zip Code

68123

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Family Insurance
Co.

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.20

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 3 / 2 0 1 0

Transaction ID: 10130.C187762

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Mark Puccioni

Mailing Address 8005 Farnam St.

City

Omaha

State

NE

Zip Code

68114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Neurosurgery

Occupation

NEUROSURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: 10130.C187849

Amount of Each Receipt this Period

250.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Robert Richmond

Mailing Address 15405 Davey Road

City

Waverly

State

NE

Zip Code

68462-9723

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 1 0

Transaction ID: 10130.C187833

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Nebraska Republican Party

A.

Full Name (Last, First, Middle Initial)

Robert Rohrbough

Mailing Address 9215 Dorcas Street

City

Omaha

State

NE

Zip Code

68124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Computer Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 1 0

Transaction ID: 10130.C187770

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Joyce Simmons

Mailing Address 220 N Hall

City

Valentine

State

NE

Zip Code

69201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 1 0

Transaction ID: 10130.C187759

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Neal Smith

Mailing Address 3321 Ave. I, Suite 1

City

Scottsbluff

State

NE

Zip Code

69361

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 1 0

Transaction ID: 10130.C187830

Amount of Each Receipt this Period

250.00

Receipt

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Nebraska Republican Party

A.

Full Name (Last, First, Middle Initial)

Lyle Todd

Mailing Address 2105 3rd Avenue

City

South Sioux City

State

NE

Zip Code

68776

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stinger Albertson Co

Occupation

RealEst.Brok/Appraiser

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 1 0

Transaction ID: 10130.C187802

Amount of Each Receipt this Period

100.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Terry Zoucha

Mailing Address 1201 Lincoln Mall, Apt. 404

City

Lincoln

State

NE

Zip Code

68508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pro Care 3

Occupation

Speech Pathologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 1 0

Transaction ID: 10130.C187790

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

4575.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 35

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Nebraska Republican Party

A.

Full Name (Last, First, Middle Initial)
Concerned Americans for Freedom PAC

Mailing Address 228 S Washington Street, Suite 115

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing
federal political committee.

C C00481176

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 1 0

Transaction ID: 10130.C187821

Amount of Each Receipt this Period

2500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

2500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 35

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Nebraska Republican Party

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) Catering Creations | Transaction ID: 10130.E14460 Date of Disbursement |
| Mailing Address 7515 Pacific St Ste B | <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 9 / 2 0 1 0</div> </div> |
| City Omaha State NE Zip Code 68114-5434 | Amount of Each Disbursement this Period |
| Purpose of Disbursement NEGOP Fundraising Event Expense Candidate Name | <div>599.76</div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Category/Type NEGOP FUNDRAISING EVENT EXPENSE |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| B. Full Name (Last, First, Middle Initial) Jordan McGrain | Transaction ID: 10130.E14462 Date of Disbursement |
| Mailing Address 2941 South 179th Plaza #235 | <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 4 / 2 0 1 0</div> </div> |
| City Omaha State NE Zip Code 68130- | Amount of Each Disbursement this Period |
| Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name | <div>210.73</div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Category/Type REIMBURSEMENT: SEE BELOW |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| C. Full Name (Last, First, Middle Initial) Costco | Transaction ID: 10130.E14464 Date of Disbursement |
| Mailing Address 12300 West Dodge | <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 4 / 2 0 1 0</div> </div> |
| City Omaha State NE Zip Code 68154- | Amount of Each Disbursement this Period |
| Purpose of Disbursement MEMO NEGOP Fundraising Event Exp Candidate Name | <div>210.73</div> |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Category/Type [MEMO ITEM] MEMO: MEMO NEGOP FUNDRAISING EVENT EXP |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

SUBTOTAL of Disbursements This Page (optional)

810.49

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 35

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Nebraska Republican Party

A.

Full Name (Last, First, Middle Initial)
US Postmaster

Mailing Address 700 R Street

City Lincoln State NE Zip Code 68501-

Purpose of Disbursement
NEGOP Fundraising Event Expense
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 10130.E14458

Date of Disbursement

12 / 03 / 2010

Amount of Each Disbursement this Period

83.69

NEGOP FUNDRAISING EVENT
EXPENSE

B.

Full Name (Last, First, Middle Initial)
US Postmaster

Mailing Address 700 R Street

City Lincoln State NE Zip Code 68501-

Purpose of Disbursement
NEGOP Fundraising Event Expense
Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 10130.E14459

Date of Disbursement

12 / 16 / 2010

Amount of Each Disbursement this Period

252.00

NEGOP FUNDRAISING EVENT
EXPENSE

SUBTOTAL of Disbursements This Page (optional)

335.69

TOTAL This Period (last page this line number only)

1146.18

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 35

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Nebraska Republican Party

A.

Full Name (Last, First, Middle Initial)
Non-Federal Account

Mailing Address 1610 N Street

City Lincoln State NE Zip Code 68508-

Purpose of Disbursement
Transfer for Non-Fed Activity

Candidate Name

008
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 10130.E14484

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2010

Amount of Each Disbursement this Period

10444.59

SUBTOTAL of Disbursements This Page (optional)

10444.59

TOTAL This Period (last page this line number only)

10444.59

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 35

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Nebraska Republican Party

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Erin Bottger | Transaction ID: 01202.E14429 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 678 Parkwood Lane | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | | 3 | 0 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 1 | | 3 | 0 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City Omaha State NE Zip Code 68132- | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement FEA Staff Salary Candidate Name | <table border="1"> <tr> <td colspan="10">721.32</td> </tr> </table> | 721.32 | | | | | | | | | | | | | | | | | | | |
| 721.32 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| FEA STAFF SALARY | | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Erin Bottger | Transaction ID: 10130.E14468 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 678 Parkwood Lane | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 1 | 5 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 1 | 5 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City Omaha State NE Zip Code 68132- | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement FEA Staff Salary Candidate Name | <table border="1"> <tr> <td colspan="10">721.32</td> </tr> </table> | 721.32 | | | | | | | | | | | | | | | | | | | |
| 721.32 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| FEA STAFF SALARY | | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Erin Bottger | Transaction ID: 10130.E14469 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 678 Parkwood Lane | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 3 | 1 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 3 | 1 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City Omaha State NE Zip Code 68132- | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement FEA Staff Salary Candidate Name | <table border="1"> <tr> <td colspan="10">721.32</td> </tr> </table> | 721.32 | | | | | | | | | | | | | | | | | | | |
| 721.32 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| FEA STAFF SALARY | | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

2163.96

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Nebraska Republican Party

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Taylor Gage | Transaction ID: 01202.E14432 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1705 Janssen Drive | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | | 3 | 0 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 1 | | 3 | 0 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City Lincoln State NE Zip Code 68506- | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement FEA Staff Salary | <table border="1"> <tr> <td colspan="10">1385.25</td> </tr> </table> | 1385.25 | | | | | | | | | | | | | | | | | | | |
| 1385.25 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | Category/ Type | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ FEA STAFF SALARY | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE | Transaction ID: 01202.E14445 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address OGDEN, UTAH | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 0 | 3 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 0 | 3 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City OGDEN State UT Zip Code 84201- | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement FEA Staff Payroll Taxes | <table border="1"> <tr> <td colspan="10">2842.96</td> </tr> </table> | 2842.96 | | | | | | | | | | | | | | | | | | | |
| 2842.96 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | Category/ Type | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ FEA STAFF PAYROLL TAXES | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE | Transaction ID: 10130.E14475 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address OGDEN, UTAH | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 2 | 2 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 2 | 2 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| City OGDEN State UT Zip Code 84201- | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement FEA Staff Payroll Taxes | <table border="1"> <tr> <td colspan="10">2490.09</td> </tr> </table> | 2490.09 | | | | | | | | | | | | | | | | | | | |
| 2490.09 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | Category/ Type | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ FEA STAFF PAYROLL TAXES | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

6718.30

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 35

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)
Nebraska Republican Party

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) Travis Keiderling Mailing Address 2959 N 56th St | Transaction ID: 01202.E14435 Date of Disbursement <div> <div>11</div> <div>30</div> <div>2010</div> </div> |
| City Omaha State NE Zip Code 68104- Purpose of Disbursement FEA Staff Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Amount of Each Disbursement this Period <div>962.48</div> FEA STAFF SALARY |
| B. Full Name (Last, First, Middle Initial) Travis Keiderling Mailing Address 2959 N 56th St City Omaha State NE Zip Code 68104- Purpose of Disbursement FEA Staff Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 10130.E14470 Date of Disbursement <div> <div>12</div> <div>15</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>962.47</div> FEA STAFF SALARY |
| C. Full Name (Last, First, Middle Initial) Jordan McGrain Mailing Address 2941 South 179th Plaza #235 City Omaha State NE Zip Code 68130- Purpose of Disbursement FEA Staff Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 01202.E14438 Date of Disbursement <div> <div>11</div> <div>30</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>5966.04</div> FEA STAFF SALARY |

SUBTOTAL of Disbursements This Page (optional)

7890.99

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 / 35

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Nebraska Republican Party

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--------------------|--|---|--|----------------|---|--|---------|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Jordan McGrain | Transaction ID: 10130.E14471 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 2941 South 179th Plaza #235 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 1 | 5 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 1 | 5 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| <table border="1"> <tr> <td>City Omaha</td> <td>State NE</td> <td>Zip Code 68130-</td> </tr> <tr> <td colspan="2">Purpose of Disbursement FEA Staff Salary</td> <td rowspan="2"> <input type="checkbox"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table> | City Omaha | State NE | Zip Code 68130- | Purpose of Disbursement FEA Staff Salary | | <input type="checkbox"/> Category/ Type | Candidate Name | | Amount of Each Disbursement this Period <table border="1"> <tr> <td>3819.71</td> </tr> </table> | 3819.71 | | | | | | | | | | | |
| City Omaha | State NE | Zip Code 68130- | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement FEA Staff Salary | | <input type="checkbox"/> Category/ Type | | | | | | | | | | | | | | | | | | | |
| Candidate Name | | | | | | | | | | | | | | | | | | | | | |
| 3819.71 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ FEA STAFF SALARY | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Jordan McGrain | Transaction ID: 10130.E14472 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 2941 South 179th Plaza #235 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 3 | 1 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 3 | 1 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| <table border="1"> <tr> <td>City Omaha</td> <td>State NE</td> <td>Zip Code 68130-</td> </tr> <tr> <td colspan="2">Purpose of Disbursement FEA Staff Salary</td> <td rowspan="2"> <input type="checkbox"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table> | City Omaha | State NE | Zip Code 68130- | Purpose of Disbursement FEA Staff Salary | | <input type="checkbox"/> Category/ Type | Candidate Name | | Amount of Each Disbursement this Period <table border="1"> <tr> <td>2279.22</td> </tr> </table> | 2279.22 | | | | | | | | | | | |
| City Omaha | State NE | Zip Code 68130- | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement FEA Staff Salary | | <input type="checkbox"/> Category/ Type | | | | | | | | | | | | | | | | | | | |
| Candidate Name | | | | | | | | | | | | | | | | | | | | | |
| 2279.22 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ FEA STAFF SALARY | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) NEBRASKA DEPT OF REVENUE | Transaction ID: 10130.E14465 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 301 CENTENNIAL MALL SOUTH | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 | | 1 | 4 | | 2 | 0 | 1 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 1 | 2 | | 1 | 4 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | |
| <table border="1"> <tr> <td>City LINCOLN</td> <td>State NE</td> <td>Zip Code 68508-</td> </tr> <tr> <td colspan="2">Purpose of Disbursement FEA Staff Payroll Taxes</td> <td rowspan="2"> <input type="checkbox"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table> | City LINCOLN | State NE | Zip Code 68508- | Purpose of Disbursement FEA Staff Payroll Taxes | | <input type="checkbox"/> Category/ Type | Candidate Name | | Amount of Each Disbursement this Period <table border="1"> <tr> <td>1121.97</td> </tr> </table> | 1121.97 | | | | | | | | | | | |
| City LINCOLN | State NE | Zip Code 68508- | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement FEA Staff Payroll Taxes | | <input type="checkbox"/> Category/ Type | | | | | | | | | | | | | | | | | | | |
| Candidate Name | | | | | | | | | | | | | | | | | | | | | |
| 1121.97 | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ FEA STAFF PAYROLL TAXES | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

7220.90

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 / 35

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|---|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input checked="" type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
Nebraska Republican Party

A.

Full Name (Last, First, Middle Initial)

Blake Waggoner

Mailing Address 9225 Dargent Ct

City
Lincoln

State
NE

Zip Code
68526-

Purpose of Disbursement
FEA Staff Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 10130.E14473

Date of Disbursement

/ /

Amount of Each Disbursement this Period

784.76

FEA STAFF SALARY

B.

Full Name (Last, First, Middle Initial)

Blake Waggoner

Mailing Address 9225 Dargent Ct

City
Lincoln

State
NE

Zip Code
68526-

Purpose of Disbursement
FEA Staff Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 10130.E14474

Date of Disbursement

/ /

Amount of Each Disbursement this Period

784.76

FEA STAFF SALARY

SUBTOTAL of Disbursements This Page (optional)

1569.52

TOTAL This Period (last page this line number only)

25563.67

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 26 / 35

FOR LINE NUMBER:
(check only one)☒ 9
☐ 10NAME OF COMMITTEE (In Full)
Nebraska Republican Party**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Friends of Senator Dave Karnes

Nature of Debt (Purpose):

-

Mailing Address 625 N. 129th Plaza

City State ZIP Code
Omaha NE 68154-

Outstanding Balance Beginning This Period

4140.00

Transaction ID: LS0128200412C145191

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4140.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

4140.00

2) **TOTALS** This Period (last page this line number only)..... ▶

4140.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

4140.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 27 / 35

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Nebraska Republican Party**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Hon. Chuck SigersonNature of Debt (Purpose):
Travel Expenses

Mailing Address 15835 California Street

City State ZIP Code
Omaha NE 68118-

Outstanding Balance Beginning This Period

831.75

Transaction ID: LS0128200457E6217

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

831.75

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Strategic Staff Management, IncNature of Debt (Purpose):
Payroll-Labels-Company Bankrupt

Mailing Address 202 S. 71st Street

City State ZIP Code
Omaha NE 68132-

Outstanding Balance Beginning This Period

11654.33

Transaction ID: LS0128200457E6218

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11654.33

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Omaha Country ClubNature of Debt (Purpose):
NEGOP Fundraising Event Expense

Mailing Address 6900 Country Club Road

City State ZIP Code
Omaha NE 68152-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS10131.E14487

Amount Incurred This Period

6619.33

Payment This Period

0.00

Outstanding Balance at Close of This Period

6619.33

1) SUBTOTALS This Period This Page (optional).....

19105.41

2) TOTALS This Period (last page this line number only).....

19105.41

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

19105.41

METHOD OF ALLOCATION FOR:

- **SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)**(Seperate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

USE ONLY ONE SECTION, A or B**A. State and Local Party Committees****Fixed Percentage (select one)**

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- X Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees**Flat Minimum Federal Percentage**If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %Nonfederal..... %

This ratio applies to (check all that apply):

Administrative ☐ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 29 / 35
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

NAME OF ACCOUNT
 Non-Federal Account
 1610 N Street

DATE OF RECEIPT

M M / D D / Y Y Y Y
 1 1 / 2 4 / 2 0 1 0

TOTAL AMOUNT TRANSFERRED

2258.88

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

2258.88

Transaction ID: H310130.C188266

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 30 / 35
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

NAME OF ACCOUNT
 Non-Federal Account
 1610 N Street

DATE OF RECEIPT

M M / D D / Y Y Y Y
 1 2 / 3 1 / 2 0 1 0

TOTAL AMOUNT TRANSFERRED

439.17

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

439.17

Transaction ID: H310130.C188265

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

2698.05

TOTAL This Period (Generic Voter Drive)

0.00

TOTAL This Period (Exempt Activities)

0.00

TOTAL This Period (Direct Fundraising)

0.00

TOTAL This Period (Direct Candidate Support)

0.00

TOTAL This Period (Public Communications Referring Only to Party)

0.00

TOTAL This Period (Total Amount Transferred)

2698.05

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 31 / 35
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

A. Full Name (Last, First, Middle Initial)
Union Bank

Mailing Address

PO Box 82535

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Lincoln | NE | 68501- |

001

 Purpose of Disbursement:
Bank Service Charge
Category/
Type
 Activity or Event Identifier:
ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

101512.21

 Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 3 | 0 | / | 2 | 0 | 1 | 0 |

Transaction ID: H410130.E14449

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

32.75

185.60

218.35

B. Full Name (Last, First, Middle Initial)
Union Bank

Mailing Address

PO Box 82535

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Lincoln | NE | 68501- |

001

 Purpose of Disbursement:
Bank Service Charge
Category/
Type
 Activity or Event Identifier:
ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

104755.26

 Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 3 | 1 | / | 2 | 0 | 1 | 0 |

Transaction ID: H410130.E14450

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

34.14

193.43

227.57

C. Full Name (Last, First, Middle Initial)
Ascom Hasler Mailing Systems, Inc.

Mailing Address

PO Box 858

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Shelton | CT | 06484- |

001

 Purpose of Disbursement:
Postage - Admin
Category/
Type
 Activity or Event Identifier:
ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

101513.21

 Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 3 | 0 | / | 2 | 0 | 1 | 0 |

Transaction ID: H410130.E14451

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

0.15

0.85

1.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

67.04

379.88

446.92

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 32 / 35
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

A. Full Name (Last, First, Middle Initial)
First National of Nebraska, Inc.

Mailing Address

Attn: Anna Castner 1620 Dodge Street

 City State Zip Code
Omaha NE 68102-

001

 Purpose of Disbursement:
Merchant Service Fees
Category/
Type
 Activity or Event Identifier:
ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

101588.81

 Date M M / D D / Y Y Y Y
1 2 / 0 2 / 2 0 1 0

Transaction ID: H410130.E14452

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

11.34

64.26

75.60

B. Full Name (Last, First, Middle Initial)
Stacey Dieckmann

Mailing Address

4210 G St

 City State Zip Code
Lincoln NE 68510-4734

001

 Purpose of Disbursement:
Accounting/Business Services
Category/
Type
 Activity or Event Identifier:
ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

101263.90

 Date M M / D D / Y Y Y Y
1 1 / 2 3 / 2 0 1 0

Transaction ID: H410130.E14455

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

398.63

2258.87

2657.50

C. Full Name (Last, First, Middle Initial)
Jordan McGrain

Mailing Address

2941 South 179th Plaza #235

 City State Zip Code
Omaha NE 68130-

 Purpose of Disbursement:
REIMBURSEMENT: SEE BELOW
Category/
Type
 Activity or Event Identifier:
ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

104460.59

 Date M M / D D / Y Y Y Y
1 2 / 1 4 / 2 0 1 0

Transaction ID: H410130.E14461

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

32.14

182.14

214.28

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

442.11

2505.27

2947.38

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 33 / 35

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

A. Full Name (Last, First, Middle Initial)
 Verizon Wireless

Mailing Address

Attn: John Flannery 1024 21st Street

| | | |
|-----------------|-------|----------|
| City | State | Zip Code |
| West Des Moines | IA | 50265- |

001

Purpose of Disbursement:
 MEMO Utilities - Cellular

Category/
Type

Activity or Event Identifier:
 ADMINISTRATION B 4

[MEMO ITEM] MEMO 001 Utilities - Cellular

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

214.28

Date

| | |
|---|---|
| M | M |
| 1 | 2 |

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| | |
|---|---|
| D | D |
| 1 | 4 |

 /

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: H410130.E14463

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

32.14

182.14

214.28

B. Full Name (Last, First, Middle Initial)
 Stacey Dieckmann

Mailing Address

4210 G St

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Lincoln | NE | 68510-4734 |

001

Purpose of Disbursement:
 Accounting/Business Services

Category/
Type

Activity or Event Identifier:
 ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

104246.31

Date

| | |
|---|---|
| M | M |
| 1 | 2 |

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| | |
|---|---|
| D | D |
| 1 | 4 |

 /

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: H410130.E14466

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

398.63

2258.87

2657.50

C. Full Name (Last, First, Middle Initial)
 Stacey Dieckmann

Mailing Address

4210 G St

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Lincoln | NE | 68510-4734 |

001

Purpose of Disbursement:
 Accounting/Business Services

Category/
Type

Activity or Event Identifier:
 ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

105007.26

Date

| | |
|---|---|
| M | M |
| 1 | 2 |

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| | |
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| D | D |
| 3 | 1 |

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| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: H410130.E14467

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

37.80

214.20

252.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

436.43

2473.07

2909.50

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 34 / 35
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

A. Full Name (Last, First, Middle Initial)
Wells Fargo Card Services

 Mailing Address
PO Box 6426

 City State Zip Code
Carol Stream IL 60197-

001

 Purpose of Disbursement:
Finance Charge
Category/
Type
 Activity or Event Identifier:
ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

104515.74

 Date M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 1 0

Transaction ID: H410130.E14479

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

8.27

46.88

55.15

B. Full Name (Last, First, Middle Initial)
Wells Fargo Card Services

 Mailing Address
PO Box 6426

 City State Zip Code
Carol Stream IL 60197-

 Purpose of Disbursement:
CREDIT CARD: SEE BELOW
Category/
Type
 Activity or Event Identifier:
ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

104527.69

 Date M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 1 0

Transaction ID: H410130.E14480

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1.79

10.16

11.95

C. Full Name (Last, First, Middle Initial)
NETWORK SOLUTIONS INC.

 Mailing Address
PO BOX 7305

 City State Zip Code
BALTIMORE MD 21297-0525

001

 Purpose of Disbursement:
MEMO Web Site Hosting
Category/
Type
 Activity or Event Identifier:
ADMINISTRATION B 4

[MEMO ITEM] MEMO 001 Web Site Hosting

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

11.95

 Date M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 1 0

Transaction ID: H410130.E14481

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1.79

10.16

11.95

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

10.06

57.04

67.10

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 35 / 35
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Nebraska Republican Party

A. Full Name (Last, First, Middle Initial)
Wells Fargo Card Services

 Mailing Address
PO Box 6426

 City State Zip Code
Carol Stream IL 60197-

001

 Purpose of Disbursement:
Finance Charge
Category/
Type
 Activity or Event Identifier:
ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

101293.86

 Date

| | |
|---|---|
| M | M |
| 1 | 1 |

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| | |
|---|---|
| D | D |
| 2 | 9 |

 /

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: H410130.E14483

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

3.75

21.25

25.00

B. Full Name (Last, First, Middle Initial)
Kintera

 Mailing Address
2000 Daniel Island Dr

 City State Zip Code
Charleston SC 29492-

001

 Purpose of Disbursement:
Merchant Service Fees
Category/
Type
 Activity or Event Identifier:
ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

101268.86

 Date

| | |
|---|---|
| M | M |
| 1 | 1 |

 /

| | |
|---|---|
| D | D |
| 2 | 4 |

 /

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: H410131.E14485

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

0.74

4.22

4.96

C. Full Name (Last, First, Middle Initial)
Kintera

 Mailing Address
2000 Daniel Island Dr

 City State Zip Code
Charleston SC 29492-

001

 Purpose of Disbursement:
Merchant Service Fees
Category/
Type
 Activity or Event Identifier:
ADMINISTRATION B 4

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

105021.21

 Date

| | |
|---|---|
| M | M |
| 1 | 2 |

 /

| | |
|---|---|
| D | D |
| 3 | 1 |

 /

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

Transaction ID: H410131.E14486

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

2.09

11.86

13.95

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

6.58

37.33

43.91

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

962.22

5452.59

6414.81